

Awana Clubs™ Contact Information and Permission Authorization

(Recommend information and written permission is updated annually. Copy information from this card to the Companion Card as needed for visitation and home contact activities.)

Clubber name: _____ Parent/Guardian name: _____

Address: _____ Phone number: _____

City: _____ State: _____ Zip: _____

Clubber birthday: _____ Clubber age/grade: _____

Hobbies/Activities: _____

Siblings (names/ages): _____

Church: _____ Medical conditions: _____

Brought by (transportation): _____ Invited by: _____

Individuals authorized to pick up child from club: _____

Hi! My name is _____ and I am your child's handbook leader for this club year. Occasionally, I would like to contact your child to see how they are enjoying club and if they need any help in completing their handbooks. I would also like to send written correspondence such as Get Well cards and a Birthday card. I am asking your permission as the legal parent/guardian to contact your child through regular mail and telephone to discuss club activities. Any contact shall be done according to church policies.

Leader's signature and date _____ Parent/Guardian signature and date _____



Medical/Media Release for AWANA

This release will be in effect for **August 1, 2021 to May 31, 2022**

To Whom it May Concern:

In the unlikely event that medical treatment is required, I _____ as a parent and/or guardian of the child(ren) named below, **after a reasonable effort has been made to reach me**, grant permission to a representative of Calvary Baptist Church to secure the services of a licensed physician. I do herewith authorize the treatment of the child(ren) named below if in the opinion of the attending physician, delay may endanger his/her life, cause disfigurement, physical impairment or undue discomfort.

I, _____, do release, acquit, discharge, and hold harmless: Calvary Baptist Church, and its representatives from any and all damages or liabilities arising out of the treatment of any sickness or accident incurred by my child.

My signature serves to indicate my willingness: to take full financial responsibility for any and all medical services rendered for any of the below named child participant(s); for my insurance company to be billed for any and all medical fees and services should they be needed; and to release Calvary Baptist Church and its employees/volunteers from this liability.

I also understand that as a participant, my child/student may be photographed or videotaped during Calvary Baptist Church sponsored activities and I authorize these photos/videos to be used in promotional materials and/or the church website. (We will not use their names just their images.)

Signature (parent/guardian) _____ Date _____

Print Name: _____ Emergency Contact: _____

Home Phone: _____ Relationship to Student: _____

Cell Phone: _____ Contact Phone: _____

Physician Name: _____ Phone: _____

Name of Insurance Company: _____

Phone #: _____ Group or ID#: _____

Policy #: _____

1. Child's Name	2. Child's Name	3. Child's Name
Birthdate: Male/Female	Birthdate: Male/Female	Birthdate: Male/Female
List any current allergies, illnesses, physical conditions, dietary needs, or medications (attached another sheet if needed)	List any current allergies, illnesses, physical conditions, dietary needs, or medications (attached another sheet if needed)	List any current allergies, illnesses, physical conditions, dietary needs, or medications (attached another sheet if needed)